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APPLICATION NO.	N NO. FILING DATE			FIRST NAMED INVEN	ATTORNEY DOCKET NO.			CONFIRMATION NO.		
10/662,583	10/662.583 09/15/2003			Sanjay Bhardwa	waj 010262-019700US			0262-019700US	9324	
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nonprovisional	NO	NO \$1510		\$300		\$0		\$1810	12/09/2010	
EXAM	I UNIT	CLASS-SUBCLASS	3	]						
HSU, ALPUS 2465				370-392000						
Change of correspondence address or indication of "Fee Address" (37 FFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTOSB1/22) attached.  J-Fee Address' indication (or "Fee Address' Indication form PTOSB1/8/4"), Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patient front pege, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 registered patient attorneys or agents. If no name is listed, no name will be printed.						
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Exar Corporation				Fremont, Californ	nia					
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a. Applicant claim	atus (from status indicate ns SMALL ENTITY stat	us. Sec 37 C						FITY status. See 37 CF		
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